

YOU MIGHT BE ELIGIBLE TO RECEIVE FOOD STAMPS WITHIN 7 DAYS!!

IF I AM APPLYING FOR ANY OTHER ASSISTANCE, SUCH AS CASH OR MEDICAID, OR IF THERE ARE MORE THAN 3 PEOPLE INCLUDING ME IN MY HOUSEHOLD, I MUST COMPLETE A DIFFERENT APPLICATION FORM.

PLEASE WRITE DOWN THE FOLLOWING INFORMATION:

Amount you pay each month for rent or mortgage: #1 _____

Amount you pay each month for utilities: #2 _____

NOTE:

- If you pay for heat OR you have an air conditioner and pay for electricity OR you received a check from the Energy Assistance Program last year at this address OR your landlord charges you an extra fee for air conditioning, enter \$450.

If none of the above apply but you pay for any one of the following:

- Electricity, gas for cooking, trash removal, water, sewer, septic maintenance, enter \$242.
- If you pay ONLY for a monthly phone bill, enter \$23.

Add #1 and #2

(Total of #1 and #2)

Total monthly income before deductions
(tax, FICA, Medicare premiums): #3 _____

Liquid assets #4 _____
Liquid assets include: bank accounts, cash, certificates
of deposit, IRAs, Keogh plans, stocks or bonds.

Add #3 and #4

(Total of #3 and #4)

NOW PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are your total costs for rent or mortgage costs plus utilities (Total of #1 and #2) more than your monthly income before deductions plus liquid assets (Total of #3 and #4)? ☐ Yes ☐ No (Check One)
2. Is your household's total monthly income before deductions less than \$150 and your liquid Assets \$100 or less? ☐ Yes ☐ No (Check One)
3. Are you a migrant or seasonal farm worker and are your assets less than \$100? ☐ Yes ☐ No (Check One)

IF YOU ANSWERED "YES" TO ANY OF THESE 3 QUESTIONS, YOU MAY BE ELIGIBLE TO GET YOUR FOOD STAMPS WITHIN 7 DAYS OF THE DAY YOU FILE YOUR APPLICATION AT THE REGIONAL OFFICE. PLEASE FILL OUT THE ATTACHED APPLICATION FORM AND GO TO YOUR LOCAL DSS OFFICE IMMEDIATELY TO APPLY. YOU MAY STILL BE ELIGIBLE FOR FOOD STAMPS EVEN IF YOU DID NOT ANSWER "YES" TO ANY OF THESE QUESTIONS. COMPLETE THE APPLICATION AND MAIL IT OR BRING IT TO YOUR LOCAL DSS OFFICE AS SOON AS POSSIBLE.

BRING IDENTIFICATION
(Driver's license, birth certificate, etc.)

DSS Regional Offices

Hartford Regional Office.....	860 - 723 - 1000
3580 Main Street, 06120	
Manchester Sub-Office.....	860 - 647 - 1441
699 E. Middle Tpke., Manchester, 06040	
New Britain Sub-Office.....	860 - 612 - 3400
270 Lafayette St., New Britain, 06053	
Norwich Regional Office.....	860 - 823 - 5000
401 W. Thames St., #102, Norwich, 06360	
Waterbury Regional Office.....	203 - 597 - 4000
249 Thomaston Ave., Waterbury, 06702	
Danbury Sub-Office.....	860 - 207 - 8900
342 Main St., Danbury, 06810	
Torrington Sub-Office.....	860 - 496 - 6900
62 Commercial Blvd., Torrington, 06790	
New Haven Regional Office.....	203 - 974 - 8000
194 Bassett St., New Haven, 06511	
Middletown Sub-Office.....	860 - 704 - 3100
117 Main St. Ext., Middletown, 06457	
Bridgeport Regional Office.....	203 - 551 - 2700
925 Housatonic Ave., Bridgeport, 06606	
Stamford Sub-Office.....	203 - 251 - 9300
1642 Bedford St., Stamford, 06905	
Willimantic Sub-Office.....	860 - 465 - 3500
670-676 Main St., Willimantic, 06226	

APPLICATION FOR FOOD STAMP BENEFITS ONLY

Name: _____
(First) (Middle initial) (Last)

Residential Address: _____
(No.) (Street) (City) (Zip Code)

Mailing Address: _____
(No.) (Street) (City) (Zip Code)
(If different from residential address)

Telephone Number: _____ () _____

Telephone Number where you can receive messages: _____ () _____

To file an application for Food Stamps, and set the beginning date of assistance, you need only write your name and address on the form, sign it and bring or mail it to the DSS regional office. Any responsible member of your household may sign the application form. The more information you provide now, the faster you will get your Food Stamps.

If I am eligible for Food Stamps, I will receive benefits starting the date this signed application is received in a DSS office.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. If I have knowingly given incorrect information, I may be subject to the penalties for false statements as specified in Connecticut General Statute Sections 53a-157b and 17b-97 and to penalties for larceny as specified in sections 53a-122 and 53a-123. I may also be subject to penalties for perjury under Federal law.

☐ I received the "Guide to the Food Stamp Program" (Pub. 96-3).

Applicant's Signature	Date	Representative's/Interpreter's Signature (if applicable)	Date
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If someone helped the applicant complete this form, this person must sign also.

Helper's Signature	Date
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Worker's Signature	Date
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In accordance with Federal law and U.S. Department of Agriculture (USDA), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, or political beliefs.

To file a complaint of discrimination, contact USDA. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

HOUSEHOLD COMPOSITION

List people for whom you are applying for Food Stamps: Be sure to include yourself too.

Name	Relationship to Applicant	Date of Birth	Race	Social Security # *(optional if you are not applying for yourself)	Sex (Check one)
	Yourself			*	<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

Are you married? ☐ Yes ☐ No ☐ Separated (check one) If yes, name of spouse _____

Is anyone in your household age 60 or older **or** a person with a disability? ☐ Yes ☐ No (check one)
Who? _____

Does that person have out-of-pocket medical costs? ☐ Yes ☐ No (Check one)

Type of medical expense: _____ \$ _____/month Date payment is due: _____

Does anyone else other than those you have listed on pages 2 through 5, live with you? ☐ Yes ☐ No

If Yes, complete below:

Name	Relationship to you	Does this person:	Amount person pays
		<input type="checkbox"/> Share expenses <input type="checkbox"/> Pay for room and meals <input type="checkbox"/> Cook and eat with you <input type="checkbox"/> Pay for room only	\$ _____ per _____
		<input type="checkbox"/> Share expenses <input type="checkbox"/> Pay for room and meals <input type="checkbox"/> Cook and eat with you <input type="checkbox"/> Pay for room only	\$ _____ per _____

AUTHORIZED REPRESENTATIVES

Do you wish to appoint someone to help you complete the application, get notices, shop for you, etc?

☐ Yes ☐ No (check one)

Are you making this application as an authorized representative for someone? ☐ Yes ☐ No (check one)

If you answered "Yes" to either question, complete the following section:

Type of Representative: <input type="checkbox"/> Paperwork <input type="checkbox"/> Shopper (Check all that apply)	Name: _____ Address: _____ Phone Number: _____
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Have you or anyone in your household received Food Stamps in another state within the last 90 days?

☐ Yes ☐ No (check one) Which state? _____

STUDENTS

Are there any students (full-time or part-time) in your household over 18 years of age? ☐ Yes ☐ No (check one)

If yes, complete this section.

Name of Student	School/Program	# of Hours Per Semester:	Expected Date of Graduation:
Tuition & Mandatory Fees	Is this student on a meal plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week? _____	
Does this student receive federally funded work-study? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) If yes, how many hours? _____			
Does this student receive any educational grant(s), loan(s), and scholarship(s), including work-study? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete form W-1471 which asks more specific school information.			

NON-CITIZEN INFORMATION

Note: You are only required to give us the citizenship information for people in your household for whom you are applying for Food Stamps (including yourself).

If anyone in your household for whom you are applying for Food Stamps is not a citizen, please give the following information:

Name	Country of Origin	Date of Entry Into U.S.	Date of Entry Into Connecticut	INS Status and I-94 Registration #	Name, Address, Phone # and Relationship of Sponsor

VETERANS

If anyone in your household is a veteran, or a spouse, widow(er) or child of a veteran, please give the following information:

Household Member Name	Veteran's Name	Relationship to Veteran	Military Service Number	Veteran Administration Claim Number

ASSETS

List all assets owned by you or anyone in your household, or which are in your name or the name of anyone in your household even if owned by someone else. Examples of assets in addition to those listed below are: stocks, bonds, trusts, annuities, retirement accounts such as IRAs, Keogh, revocable burial funds, lump sum payments, and mortgages payable to yourself.

Asset Type	Owner	Acct./Policy #	Description	\$ Value
Cash				\$
Savings Account				\$
Checking Account				\$
Certificates of Deposit				\$
Other				\$

MOTOR VEHICLES

Owner	Make	Model	Year	\$ Trade-in Value	Used for:
				\$	
				\$	

TRANSFER OF ASSETS

Have you or anyone in your household sold, closed an account, traded, given away, or transferred ownership of any motor vehicles, bank accounts, property, stocks, bonds or cash during the last ninety (90) days?

☐ Yes ☐ No (Check one) If yes, what, when, to whom and for how much?

INCOME

Please list gross income (income **before** deductions) you or anyone else for whom you are applying for Food Stamps receive. **Gross wages from employment, gross Social Security** (including your Medicare Part B premium), **SSI, wages, pensions, annuities, disability benefits, Worker's Compensation, alimony, interest, Unemployment Compensation, dividends, rental property income, child support, etc.**

Name of Person Receiving Income	Source (List name of employer if working)	Amount	Frequency of Receipt (Weekly, Monthly, Quarterly)	Day of Week or Month Received
Self		\$		
		\$		
		\$		

Have you or has anyone in your household quit a job within the last 60 days? ☐ Yes ☐ No

If yes, what is the name and address of the employer? _____

What was the last date you worked? _____

What was the date of the last paycheck you received? _____

LIVING ARRANGEMENT AND SHELTER EXPENSES

Check one of the following that most clearly describes your type of living arrangement:

Own Home _____ Rent _____ Live with someone else and not paying _____ / paying _____
 Homeless _____ Rent a room (Meals included) _____ / (Meals not included) _____

Write in the amounts you are expected to pay each month for the following costs:

Rent \$ _____ Mortgage \$ _____ Condominium Fees \$ _____
 Taxes \$ _____ Insurance \$ _____ Maintenance \$ _____

Do you receive any type of rental or housing assistance, such as Section 8, HUD, or State Rental Assistance?

☐ Yes ☐ No (check one) If yes, amount **you pay** to the landlord \$ _____

Do you pay for heat? ☐ Yes ☐ No (check one)

Do you have an air conditioner and pay for electricity? ☐ Yes ☐ No (check one)

Did you receive a check from the Energy Assistance Program during the past year at this address?

☐ Yes ☐ No (check one)

Do you pay for any of the following utilities: electricity, gas for cooking, trash removal, water, sewer, septic maintenance? ☐ Yes ☐ No (check one)

Do you pay a monthly phone bill (residential or cellular)? ☐ Yes ☐ No (check one)

If you rent, please give us the following information about your landlord.

Name: _____ Phone #: _____

Address: _____

DEPENDENT CARE

Do you or anyone in your household pay someone to take care of a child or disabled adult so that you, or someone in your household can work, attend training or look for a job? ☐ Yes ☐ No If yes, answer the following:

Name (Who day care is for)	Cost per Week	Name and Address of Provider	Phone Number
	\$		
	\$		
	\$		
	\$		

Does the State pay for your dependent care? ☐ Yes ☐ No If yes, how much? \$ _____

FLEEING FELONS

People who are fleeing felons or violating parole or probation cannot get Food Stamps for as long as they continue to flee from law enforcement authorities. Are you or is anyone in your household a fleeing felon or violating parole or probation? ☐ Yes ☐ No If Yes, please explain.

CHILD SUPPORT DEDUCTION

Do you or any other members of your household pay **court-ordered** child support to someone who is not a household member for a child(ren) who is not a member of your household? ☐ Yes ☐ No (check one)
If yes, complete one of the following sections for each person to whom you pay child support.

1) Name of household member who pays child support: _____
Name and address of the person to whom you send child support payments: (If you make payments to a state, list the state and file number.)

Name: _____

Address: _____

Payments to State: State: _____ File #: _____

Name and date of birth of the child(ren) for whom you pay child support:

<u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

What is the amount of child support that has been ordered by the court? \$ _____

How often is support due? _____

How much child support do you **actually** pay each month? \$ _____

Do you pay by having it withheld from your wages? ☐ Yes ☐ No (check one)

Please record the file number from your child support check stub. _____

2) Name of household member who pays child support: _____
Name and address of the person to whom you send child support payments: (If you make payments to a state, list the state and file number.)

Name: _____

Address: _____

Payments to State: State: _____ File #: _____

Name and date of birth of the child(ren) for whom you pay child support:

<u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

What is the amount of child support that has been ordered by the court? \$ _____

How often is support due? _____

How much child support do you **actually** pay each month? \$ _____

Do you pay by having it withheld from your wages? ☐ Yes ☐ No (check one)

Please record the file number from your child support check stub. _____

Please Note:

- If you cannot get to the local DSS office, please call your worker and ask that your interview be done by phone.
- You may also ask to have your EBT card and PIN mailed to you.
- Failure to report or verify your actual household expenses will be seen as a statement that you do not want to receive an allowable deduction for that expense.

I swear that I and the other people for whom I am requesting benefits are either United States citizens or, in the event any of us are not, that the information I have provided regarding anyone's non-citizen status is true.

I understand and agree to the following:

- I must notify the Department according to the reporting requirements for each program from which I am receiving assistance or for which I am applying.
- I may ask for a Fair Hearing orally or in writing if I disagree with an action taken on my case.
- All information given on this form is subject to verification by federal, state, and local officials.
- The information given on this form is confidential and will **only** be used for purposes of the Food Stamp Program administration, with one exception. Law enforcement officers can get from the Department of Social Services the address, Social Security number and photograph of a person who gets Food Stamps when the person is a fleeing felon, or violating parole or probation. They can also get this information about a person who may know something about a felony.
- Social Security Numbers of all people in my household who wish to receive Food Stamps will be used to verify identity and eligibility. People who live with me but who are not going to receive Food Stamps do not have to give us their Social Security Numbers. However, if they wish to do so it may be easier to verify their income and speed up the application process. Social Security Numbers will also be cross-matched against federal, state, and local government files by computers, except for INS.
- Information regarding child support payments that are made to the State on behalf of my child may be verified with the Bureau of Child Support Enforcement.
- I must cooperate with state and federal personnel in a Quality Control Review.
- If I lie about my identity, or where I live, I will not be able to get Food Stamps for ten years.
- Information available to the State through the Income and Eligibility Verification System (IEVS) will be requested and used to process my request for assistance. This information will come from the Labor Department, the Social Security Administration and the Internal Revenue Service as well as other agencies, when allowed by law. Information received may be verified directly with other sources such as banks and employers. Results from such verification may affect my household's eligibility and level of benefits.
- If I quit my job, or cut back on my hours without good cause, I will not be eligible for Food Stamps. The first time I will be ineligible for three months. The second time I will be ineligible for six months. The third time I will be ineligible forever.
- My application for and receipt of my Food Stamp benefits is a registration for work for myself and all members of my Food Stamp assistance unit who are required to register.
- If I do not follow the Food Stamp Employment and Training rules, I will be ineligible for Food Stamps. The first time I will be ineligible for three months. The second time and everytime thereafter I will be ineligible for six months.
- If I break a Food Stamp Program rule on purpose, I am ineligible to get Food Stamps. The first time I break a rule I will be ineligible for one year. The second time I will be ineligible for two years. The third time I will be ineligible forever.
- If I am found guilty trafficking in Food Stamps of more than \$500, I cannot get Food Stamps again ever. Trafficking in Food Stamps means selling them instead of using them to buy food.
- If I am found guilty of buying illegal drugs with Food Stamps, I cannot get Food Stamps for two years.
- If I intentionally misuse an Electronic Benefit Transfer (EBT) card, I may no longer get Food Stamps. I may also be fined up to \$250,000 or sent to jail for up to 20 years or both. Misuse of an EBT card means altering, selling, or trading a card, using someone else's card without permission or exchanging benefits.